FORM 2* Disclosure of Owners and Other Key Persons

Part I: Owners and Other Key Persons							
List (A.) all persons and/or entities with any own members/managers, (C.) all persons with mana operations or licensed facility whether they have financial interest whether they have ownership partnership, LLC, etc.) has interest, list all personant the entity, and their effective ownership in the lift Attach a separate sheet if necessary.	aging or o e owners interest o ons assoc	pera hip ir r not ciated	tional nteres (colled) d with	control with re t or not, and (D ectively, "Key P such entity, the	spect to 0.) all oth ersons") eir owne	the cul er pers . If an c rship c	Itivator license, sons with any entity (corporation, or other interest in
A. LIST ALL PERSONS WITH ANY OWNERSH stockholders; LLC members; and partners LIST ALL PERSONS WITH ANY OWNERSHI	if a partn	ersh	ip); II	ANY SUCH F	PERSON	_	-
Name Jason Webski	Title CEO		;	SSN/FEIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City Stamford	i	State CT	ZIP 06901	Phone	Numbe	r
Business Associated with (Applicant, parent business or sub-N/A	-entity)	Own.		siness Associated	with	Effectiv	ve Own. % in Applicant
Name Benjamin Herbst	Title VP of Op	eratio		SSN/FEIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City Stamford	i	State CT	ZIP 06903	Phone	Numbe	r
Business Associated with (Applicant, parent business or sub-N/A	-entity)	Own.		siness Associated	with	Effective	ve Own. % in Applicant
Name EGJR, LLC	Title N/A		;	SSN/FEIN	DOB N/A	I	App submitted? □Yes □No
Address (residence if an individual)	City New Yor	k	State NY	ZIP 10005	Phone	Numbe	r
Business Associated with (Applicant, parent business or sub-N/A	-entity)	Own.		siness Associated	with	Effectiv	ve Own. % in Applicant
Name Eric Lazar	Title Facility N	lanag		SSN/FEIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City New Yor		State NY	ZIP 10005	Phone	Numbe	r
Business Associated with (Applicant, parent business or sub-EGJR, LLC	-entity)	Own 100		siness Associated	with	Effective 12%	ve Own. % in Applicant
Name Gil Lazar	Title N/A	J	;	SSN/FEIN	DOB		App submitted? ☐Yes ☐No
Address (residence if an individual)	City Plainviev	v	State NY	ZIP 11803	Phone	Numbe	r
Business Associated with (Applicant, parent business or sub-	-entity)	Own	. % Bu	siness Associated	with	Effecti	ve Own. % in Applicant

Name John Valenza	Title N/A			SSN/FEIN		FEIN DOB		App submitted? ☐Yes ☐No
Address (residence if an individual)	City Massepe		State NY		ZIP 11758	Phone	Phone Number	
Business Associated with (Applicant, parent business or sub-	entity)	Own.	% Bu	ısines	s Associated	with	Effective	e Own. % in Applicant
Name Richard Solano	Title N/A			SSN/	FEIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City Carmel	;	State NY		ZIP 10512	Phone	Numbe	r
Business Associated with (Applicant, parent business or sub-	entity)	Own.	% Bu	ısines	s Associated	with	Effectiv	e Own. % in Applicant
B. LIST ALL DIRECTORS, OFFICERS, AND M DESCRIBED IN SECTION A	ANAGER	RS OF	F TH	E AI	PPLICANT	AND A	NY OT	HER ENTITIES
Name NONE	Title			SSN/	FEIN	DOB		App submitted? ☐Yes ☐No
Address (residence if an individual)	City	;	State		ZIP	Phone (Numbe	r
Business Associated with (Applicant, parent business or sub-	entity)	Title (office	r, dire	ector, manage	r, etc.)		
Name	Title			SSN/	FEIN	DOB	L	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	;	State		ZIP	Phone (Numbe	r
Business Associated with (Applicant, parent business or sub-	entity)	Title (office	r, dire	ector, manage	r, etc.)		
Name	Title			SSN/	FEIN	DOB	<u> </u>	App submitted? □Yes □No
Address (residence if an individual)	City	;	State	ate ZIP		Phone (Numbe	r
Business Associated with (Applicant, parent business or sub-	entity)	Title (office	r, dire	ector, manage	, etc.)		
Name	Title			SSN/	FEIN	DOB	L	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	;	State		ZIP	Phone (Numbe	r
Business Associated with (Applicant, parent business or sub-	entity)	Title (office	r, dire	ector, manage	r, etc.)		
Name	Title			SSN/	FEIN	DOB	<u> </u>	App submitted? □Yes □No
Address (residence if an individual)	City	;	State		ZIP		Numbe	r
Business Associated with (Applicant, parent business or sub-	entity)	Title (office	r, dire	ector, manage	r, etc.)		
Name	Title	ı		SSN/	FEIN	DOB	1	App submitted? □Yes □No

Address (residence if an individual)	City	Stat	e ZIF	ı	Phone ()	Numbe	r
Business Associated with (Applicant, parent business or so	ub-entity)	Title (office	cer, director	r, manager, e	tc.)		
Name	Title		SSN/FEI	N	DOB		App submitted? □Yes □No
Address (residence if an individual)	City	Stat	e ZIF		Phone ()	Numbe	r
Business Associated with (Applicant, parent business or so	ub-entity)	Title (office	cer, directo	r, manager, e	tc.)		
C. LIST ALL PERSONS (OTHER THAN PER HAVE MANAGING OR OPERATIONAL CO ENTITIES DESCRIBED IN SECTION A, THE FACILITY (WHETHER THEY HAVE AN OW ANOTHER ENTITY, LIST ALL PERSONS V	NTROL W E CULTIV NERSHIF	VITH RES ATOR LIC PINTERE	PECT TO CENSE, ST OR N	O THE AP OPERATION OT); IF AI OR CONT	PLICA ONS A NY SU	NT, A ND/O CH PI	NY OTHER R LICENSED ERSON IS
	Title				БОВ		□Yes □No
Address (residence if an individual)	City	Stat	e ZIF	1	Phone ()	Numbe	r
Business Associated with (Applicant, parent business or so	ub-entity)	Role, inte	rest, etc.				
Name	Title		SSN/FEI	N	DOB		App submitted? □Yes □No
Address (residence if an individual)	City	Stat	e ZIF	ı	Phone ()	Numbe	r
Business Associated with (Applicant, parent business or so	ub-entity)	Role, inte	rest, etc.				
Name	Title		SSN/FEI	N	DOB		App submitted? ☐Yes ☐No
Address (residence if an individual)	City	Stat	e ZIF		Phone ()	Numbe	r
Business Associated with (Applicant, parent business or so	ub-entity)	Role, inte	rest, etc.		J		
Name	Title		SSN/FEI	N	DOB		App submitted? ☐Yes ☐No
Address (residence if an individual)	City	Stat	e ZIF	ı	Phone ()	Numbe	r
Business Associated with (Applicant, parent business or so	ub-entity)	Role, inte	erest, etc.		1		
Name	Title	-	SSN/FEI	N	DOB	I	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	Stat	e ZIF	ı	Phone ()	Numbe	r
Business Associated with (Applicant, parent business or so	ub-entity)	Role, inte	rest, etc.				

Name	Title	SS	SN/FEIN	DOB	App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Nui	mber	
Business Associated with (Applicant, parent busin	ness or sub-entity)	Role, interest	, etc.			
Name	Title	SS	SN/FEIN	DOB	App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Nui	mber	
Business Associated with (Applicant, parent busin	ness or sub-entity)	Role, interest	, etc.			
D. LIST ALL PERSONS (OTHER THAT HAVE ANY FINANCIAL INTEREST OF SCRIBED IN SECTION A OR C, TO FACILITY (WHETHER THEY HAVE ANOTHER ENTITY, LIST ALL PERSONAME)	WITH RESPECT 1 THE CULTIVATOF AN OWNERSHIP	O THE APP R LICENSE, INTEREST OWNERSHI	PLICANT, A OPERATION OR NOT);	ANY OTHER I ONS AND/OR IF ANY SUCH	ENTITIES LICENSED I PERSON IS THAT ENTITY App submitted?	
Address (residence if an individual)	City	State	ZIP	Phone Nur		
Business Associated with (Applicant, parent busin	ness or sub-entity)	Interest		()		
Name	Title	SS	SN/FEIN	DOB	App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Nui	mber	
Business Associated with (Applicant, parent busin	ness or sub-entity)	Interest				
Name	Title	SS	SN/FEIN	DOB	App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Nui	Number	
Business Associated with (Applicant, parent busin	ness or sub-entity)	Interest				
Name	Title	SS	SN/FEIN	DOB	App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Nui	mber	
Business Associated with (Applicant, parent busin	ness or sub-entity)	Interest	<u>'</u>			
Name	Title	SS	SN/FEIN	DOB	App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Nui	mber	

Business Associated with (Applicant, parent business	ness or sub-entity)	Interest			
Name	Title	SSN/FEIN		DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	State ZIP		mber
Business Associated with (Applicant, parent business	ness or sub-entity)	Interest			
Name	Title	SS	SN/FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Nui	mber
Business Associated with (Applicant, parent business	ness or sub-entity)	Interest	•	•	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan, give or otherwise provide money, property interests, equipment, inventory, furniture, licensing or other proprietary rights to or for use in this business, or hold a security interest therein; or who will receive money, profits, proprietary rights or other interests from this business. Attach a separate sheet if necessary. If any such person is an entity, list all persons with any ownership in or control of that entity.

control of their orthity.			
Name	Date of Birth	SSN/FEIN	Interest
CFR Realty Partners LLC	N/A		
100 Pioneer RI, LLC	N/A	N/A	

<u> </u>	
	5/17/2018
Authorized Signatory	Date
Jason Webski, Authorized Manager	
Drinted Name	

FORM 2* Disclosure of Owners and Other Key Persons

A. LIST ALL PERSONS WITH ANY OWNERSHIP INTEREST IN THE APPLICANT (including corporation stockholders; LLC members; and partners if a partnership); IF ANY SUCH PERSON IS ANOTHER ENTITY, LIST ALL PERSONS WITH ANY OWNERSHIP IN OR CONTROL OF THAT ENTITY

CONTINUED

Name Carl Allison	Title CFO			SSN/FEIN		DOB		App submi □Yes	tted? □No
Address (residence if an individual)	City New Yor		State NY	ZIP 1001	9	Phone	Number	-	
Business Associated with (Applicant, parent business or sub-N/A	entity)	Own. N/A		siness Asso	ociated with	1	Effectiv	re Own. % i	n Applicant
Name A Fortnight Enterprises, LLC	Title N/A			SSN/FEIN		DOB N/A		App submi □Yes	tted? □No
Address (residence if an individual)	City Denver		State CO	ZIP 8021	1	Phone	Number	-	
Business Associated with (Applicant, parent business or sub-N/A	entity)	Own. N/A		siness Asso	ociated with	1	Effectiv	ve Own. % i	n Applicant
Name Joshua Peter Weeks	Title N/A			SSN/FEIN		DOB		App submi □Yes	tted? □No
Address (residence if an individual)	City Denver		State CO	ZIP 8021	1	Phone	Number	-	
Business Associated with (Applicant, parent business or sub-	entity)	Own.	% Bu	siness Asso	ociated with	1	Effectiv	ve Own. % i	n Applicant
Name Trevor Weeks	Title N/A			SSN/FEIN		DOB		App submi □Yes	tted? □No
Address (residence if an individual)	City Westport		State CT	ZIP 0688	0	Phone	Number	-	
Business Associated with (Applicant, parent business or sub-	entity)	Own.	% Bu	siness Asso	ociated with	1	Effectiv	ve Own. % i	n Applicant
Name William Howard Weeks Jr.	Title N/A			SSN/FEIN		DOB		App submi □Yes	tted? ⊡No
Address (residence if an individual)	City Wellingto		State FL	ZIP 3341	4	Phone	Number	-	
Business Associated with (Applicant, parent business or sub-	entity)	Own.	% Bu	siness Asso	ociated with	1	Effectiv	ve Own. % i	n Applicant
Name MEC Enterprises, LLC	Title N/A			SSN/FEIN		DOB N/A		App submi □Yes	tted? □No
Address (residence if an individual)	City Stamford		State CT	ZIP 0690	01	Phone	Number		
Business Associated with (Applicant, parent business or sub-N/A	entity)	Own. N/A	% Bu	siness Asso	ociated with	1	Effectiv	ve Own. % i	n Applicant

Name	Title		SSI	N/FEIN	DOB		App submitted?	
Eugenia Tzoannopoulos	N/A	12.		T			∐Yes ⊡No	
Address (residence if an individual)	City Stamford	d Sta		ZIP 06905	Phone	Numbe	r ∎	
Business Associated with (Applicant, parent business or subspace of the subspa	b-entity)	Own. %	Busine	ess Associated	with	Effectiv	ve Own. % in Applicant	
Name Chris Tzoannopoulos	Title N/A		SSI	N/FEIN	DOB		App submitted? □Yes □No	
Address (residence if an individual)	City Stamford	Sta d C		ZIP 06907	Phone	Numbe	r	
Business Associated with (Applicant, parent business or sub	b-entity)	Own. %	Busine	ess Associated	with	Effectiv	ve Own. % in Applicant	
Name Michael Oleary	Title N/A		SSI	N/FEIN	DOB		App submitted? □Yes □No	
Address (residence if an individual)	City Stamford	Sta d C		ZIP 06903	Phone	Numbe	r	
Business Associated with (Applicant, parent business or sub	b-entity)	Own. %	Busine	ess Associated	with	Effectiv	ve Own. % in Applicant	
Name Joanne Kandler	Title N/A		SSN	N/FEIN	DOB		App submitted? ☐Yes ☐No	
Address (residence if an individual)	City New Yor	Sta rk N		ZIP 10065	Phone	Numbe	r	
Business Associated with (Applicant, parent business or sub N/A	b-entity)	Own. % N/A	Busine	ess Associated	with	Effective	ve Own. % in Applicant	
Name Blue Sky Green Grass LLC	Title N/A		SSN	N/FEIN	DOB N/A	•	App submitted? ☐Yes ☐No	
Address (residence if an individual)	City Long Isla City		ate ZIP Pho			none Number		
Business Associated with (Applicant, parent business or sul N/A		Own. % N/A	Busine	ess Associated	with	Effectiv	ve Own. % in Applicant	
Name Geoffrey Feldkamp	Title N/A		SSI	N/FEIN	DOB		App submitted? □Yes □No	
Address (residence if an individual)	City New Yor	Sta		ZIP 10007	Phone	Numbe	r I	
Business Associated with (Applicant, parent business or sul	b-entity)	Own. %	Busine	ess Associated	with	Effectiv	ve Own. % in Applicant	
Name Nina Sisselman Brian	Title N/A		SSN	N/FEIN	DOB		App submitted? ☐Yes ☐No	
Address (residence if an individual)	City New Yor	Sta rk N		ZIP 10128	Phone	Numbe	r	
Business Associated with (Applicant, parent business or sul	b-entity)	Own. %	Busine	ess Associated	with	Effective	ve Own. % in Applicant	
Name	Title N/A	<u>I</u>	SSI	N/FEIN	DOB		App submitted? □Yes □No	
Brian Murphy	11//						i e	
Address (residence if an individual)	City Long Isla	Stand N		ZIP 11101	Phone	Numbe	r	

Name Brad Gruber	Title N/A		(SSN/FEIN	DOB		App subm □Yes	itted? □No
Address (residence if an individual)	City Dix Hills		State NY	ZIP 11746	Phone	Numbe	er	
Business Associated with (Applicant, parent business or sub-N/A	entity)	Own. N/A		siness Associated	with	Effecti	ve Own. %	in Applicant
Name Y&Y Enterprises LLC	Title N/A		\$	SSN/FEIN	DOB N/A		App subm	itted? □No
Address (residence if an individual)	City New Yor	State ZIP NY 10158			Phone	Numbe	er	
Business Associated with (Applicant, parent business or sub-N/A	entity)	Own.		siness Associated	with	Effecti	ve Own. %	in Applicant
Name Yuri Bachayev	Title N/A	•		SSN/FEIN	DOB		App subm □Yes	itted? ⊡No
Address (residence if an individual) 7243 139 th Street	City Flushing		State NY	ZIP 11367	Phone	Numbe	er	
Business Associated with (Applicant, parent business or sub-	entity)	Own.	. % Bus	siness Associated	with	Effecti	ve Own. %	in Applicant